

Workforce Attachment and Advancement (WAA) Application

Applicants: Please read and answer each item. Do not write in shaded areas.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)]. Provision of your Social Security Number (SSN) is mandatory per Social Security Act, sec. 1137. [42 U.S.C. 1320b-7 (a) (b) (1)]. Your SSN will be used as a condition of eligibility for the program. If you do not provide it, your application could result in an eligibility delay.

WDA Number:

1. First Name MI Last Name		2. Date of Application		3. Social Security Number	
4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		5. Date of Birth		6. Marital Status	
7. Address		8. City		9. State	10. Zip Code
11. Mailing Address (if different)		12. Home Telephone Number ()		13. Alternate Contact Number ()	
14. Are you a Wisconsin resident? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you are not eligible for the WAA Program)					
15. U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		16. If No, Qualified Alien: <input type="checkbox"/> Yes <input type="checkbox"/> No Alien Registration Number:			
You do not have to answer questions 17 and 18, but it will help determine compliance with the Federal Civil Rights Act of 1964. Your answers will not affect your application.					
17. Ethnicity: Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No					
18. Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander					
Please Check: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American					
19. Primary Language Spoken		20. Family Size: Number Adults _____ Number Children _____			
21. Are you the parent of a child(ren) under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No					
22. Does your child(ren) live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Non custodial parent: <input type="checkbox"/> Yes <input type="checkbox"/> No			
23. Are you age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No					
24. Is there any member of your household who is a fleeing felon <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, write in name or names: avoiding prosecution, or who is violating a condition of probation or parole, or who is a convicted drug felon since August 22, 1996?					
25. Are you willing to do <u>all three</u> of the following? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<ul style="list-style-type: none">• Give or apply for Social Security numbers as required?• Report changes that may affect your eligibility status (such as income)?• Cooperate with the child support agency?					
26. INCOME: LIST ALL INCOME FOR FAMILY MEMBERS WHO LIVE WITH YOU					
Family Member	Source of Income (If employment, list employer)	Monthly Gross Income	Weekly Hours Worked		
SELF					
27. NON CUSTODIAL PARENTS ONLY. List all child support payments you have made within the last three (3) months:					
28. WAA Income Eligibility Amount (must be monthly amount):					
29. Income Meets WAA Eligibility Criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No					

30. Basic Family Information**List all family members who live with you, providing the following information****Non custodial parents: list all your children, regardless of their residence**

Name	Birth Date (mm/dd/yy)	US Citizen? (yes or no)	Relationship to Applicant	Social Security Number	County of Child Support Order (Office Use Only: For NCP Children)

31. WAA PROGRAM GOALS. Please list all services you are interested in receiving through the WAA program:**32. EDUCATION** Are you currently in school? ☐ Yes ☐ No

Highest Grade Completed: _____ Last Year Attended School: _____

Highest Educational Degree Attained: ☐ University/College ☐ One Year Certificate ☐ Associate Degree☐ Grade School ☐ GED/HSED ☐ High School Diploma ☐ College Degree(s) (list): _____33. Are you a refugee? ☐ Yes ☐ No34. Are you a veteran? ☐ Yes ☐ No Dates of service: _____35. Do you have a disability? ☐ Yes ☐ No36. Do you have a vehicle available? ☐ Yes ☐ No37. Do you have a Driver's License? ☐ Yes ☐ No Type: _____**Expected start date of services:** _____ **WAA Program Review Date (12 months):** _____**Notification of right to appeal: You may request a hearing if you do not agree with the decision regarding WAA.**

You can request a review by writing your WAA worker or the agency where you applied for WAA. An independent person will review your case. If you or your representative fail to appear at the review, your request is considered abandoned and will be dismissed. If you do not agree with the WAA agency's decision based on the review, you may request a second level review by contacting the agency in writing. The agency will then forward your request to the Department of Workforce Development Attorney for review.

DISCLOSURE/CONSENT: I understand that under Wisconsin Statutes, ss.49.22(2m) and 49.143(5)(a), "(t)he department may request from any person any information it determines appropriate and necessary for the administration of this section, ss. 49.19, 49.46, 49.468 and 49.47 and programs carrying out the purposes of USC 2011-2029. Any person in this state shall provide this information within seven days after receiving a request under this subsection." I also understand that this means that the WAA agency, county or tribal human/social services agency and the Department of Workforce Development may request and receive relevant information about me from any person, including any government agency, financial institution, credit reporting agency, employer, or educational institution. Sources of information may include, but are not limited to, the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and the Department of Transportation. I agree to the use of any information provided by me or by anyone else for program purposes, including my Social Security number and Unemployment Insurance information.

VERIFICATION: I hereby certify that the information I have provided for determining my eligibility for the WAA program is correct to the best of my knowledge, and that it is current on the date of this application.

Applicant Signature	Date Signed
Agency Witness Signature	Date Signed

WAA Application Instructions

The applicant should complete the non-shaded areas. Fill in shaded areas as you process the application. All shaded areas have corresponding instructions below. These instructions also provide clarification on specific questions and sections of the application.

14. If applicant is not a Wisconsin resident, he/she should not complete the remainder of the application. He/she is not eligible for WAA.
16. For complete definition of "Qualified Alien," refer to W-2 Manual Appendix 1, Glossary.
22. If the applicant checks, "No," his/her child(ren) do not live with him/her, then the applicant is a non custodial parent (NCP). Circle either "Yes" or "No" in the shaded area to answer whether or not the applicant is an NCP for WAA program purposes. If "Yes," ensure that the applicant fills out questions 26, 27, and 30 according to the instructions for NCP applicants.

Process the application according to the eligibility requirements for NCPs. To be eligible for WAA, only the NCP must meet the 200% poverty level criteria. The NCP's children do not need to be low-income, although NCPs with low-income children are a priority for WAA services.

25. Review all three requirements with applicant to ensure that he/she understands and will comply with each requirement.

26. INCOME Section

Determining Income

In calculating whether a WAA applicant meets the required income eligibility, count income as you would for the W-2 Program. Refer to W-2 Manual Section 3.2.7, Treatment of Income. Also refer to DES Operations Memo 00-04, and DES Operations Memo 00-06 for recent changes in income determination. For self-employed applicants, use the Adjusted Gross Self-Employment Income Test, see Operations Memo 00-04.

For NCPs, count only the income of the NCP. You do not need to collect income information on the NCP's household. See instructions on questions 27 and 28 for subtracting the amount of child support paid from the NCPs total income.

Verifying Income:

First, query CARES to determine whether a family has an open W-2, Food Stamps, Medicaid, Child Care or Badger Care case. If so, then the family automatically meets the income eligibility requirements for WAA services, and no further verification is needed. If the family can provide proof that they receive one of the following services, this also serves as sufficient verification of income: Women, Infants and Children (WIC), Low Income Energy Assistance Program (LIEAP), or School Lunch program. **You must still collect the income amount and the source of income for all participants who are eligible because of their participation in these programs.** For applicants with open cases in CARES, you may use the income figures already listed in CARES.

For applicants not in CARES, verify income through other sources. The following are examples of appropriate verification of income (refer to Income Maintenance Manual, Chapter 1, Part C, 9.0.0 for further examples):

- Dated check stub with the client's name or ID number
- Current SSA or SSI check
- Earnings report or statement from employer
- Income tax return
- IRS form W-2

27. Total the payments made by the NCP in the last three months and divide that amount by 3 to get the average monthly payment amount. Subtract this amount from the NCP's total gross monthly income to enter in question 28.

28. WAA Income Eligibility Amount

The Income Eligibility Amount must be a monthly amount. If the applicant reports weekly or hourly wages, you must convert those to a monthly amount. This Income Eligibility Amount should include the appropriate income disregards (see references to W-2 Manual in above section on *Determining Income*). For example, for custodial parent families, the earned income of a minor should be disregarded from this amount, as well as any child support received by the custodial parent. For NCPs, the average monthly child support payment amount should be subtracted to determine the Income Eligibility Amount.

After determining and verifying the Income Eligibility Amount for the household, refer to the following table, which lists the Federal Poverty Levels for Calendar Year 2002. Determine the total number of people in the household from

question 20, then find the corresponding WAA income limit in the chart below. If the household income exceeds this limit, the applicant is not eligible for services.

Federal Poverty Level CY2002		
Family Size	Annual Income Eligibility Amount (200% Poverty)	Monthly Income Eligibility Amount (200% Poverty)
1	\$17,720	\$1,477
2	\$23,880	\$1,990
3	\$30,040	\$2,503
4	\$36,200	\$3,017
5	\$42,360	\$3,530
6	\$48,520	\$4,043
7	\$54,680	\$4,557
8	\$60,840	\$5,070

29. After determining if the applicant's Income Eligibility Amount meets the WAA eligibility requirement, check the box in the shaded area on the application. If "No" is checked, the applicant may not receive WAA services at this time.

30. BASIC FAMILY INFORMATION Section

Applicants who are custodial parents, kinship care recipients, and qualified caretaker relatives should fill in the current members of their household. Consider a WAA Group comparable to a W-2 Group; refer to the W-2 Manual Glossary for the definition of a W-2 Group.

NCP applicants should fill in the names of their children. For each child of an NCP, use the child's name and social security number or date of birth to determine in which county the child support order or paternity is established for each child. Fill in the county name in the shaded area. Paternity must be verified for an NCP to be eligible. If you can not verify the NCP's paternity, the NCP may not receive WAA services.

33. For definition of "Refugee" refer to definition of "Qualified Alien," W-2 Manual, Appendix 1, Glossary.

37. If "Yes," then list the type of driver's license: Commercial Class A, Commercial Class B, Commercial Class C, Regular Auto License, Motorcycle, or Commercial Class Not.

Expected Start Date of Services: Enter the date you anticipate the applicant will begin services (after the eligibility process is fully completed). Once an applicant is determined eligible for WAA services, he/she is eligible for 12 months. The **WAA Program Review Date** should be twelve months after the start date of services. The Program Review should include a renewal of eligibility for each participant, as well as a review of the employability/service plan.

Disclosure/Consent

Have all applicants sign and date the form, then sign and date the form as well. All NCP applicants should also fill out a DES-11377 Form titled Confidential Information Release Authorization. This allows you to access child support information.